

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009175

**FILED
Apr 17, 2015
Secretary of State
CC1185351070**

Entity Name: HARRELL, STINE & ASSOCIATES LLC

Current Principal Place of Business:

509 EAST JACKSON STREET
TAMPA, FL 33602-4904

Current Mailing Address:

PO BOX 23175
TAMPA, FL 33623 US

FEI Number: 26-1821557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STINE, JAMES R
509 E JACKSON STREET
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STINE, JAMES R
Address 509 EAST JACKSON STREET
City-State-Zip: TAMPA FL 33602-4904

Title AMBR
Name HARRELL, TOMMY A
Address 509 EAST JACKSON STREET
City-State-Zip: TAMPA FL 33602-4904

Title AMBR
Name COFFEY, TAMMY L
Address 509 EAST JACKSON STREET
City-State-Zip: TAMPA FL 33602-4904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R STINE

MGRM

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date